FORM D **BECEIVED**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB Number 3235-0076 Expires Estimated average burden hours per response



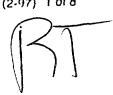
	/ UNIFORM LIMITED OFFE	RING EXEMPTION	
Name of Offering (D) the	ck if this is an amendment and name has cha	inged, and indicate change)	06041538
WORLD MARKETI		KETING INC	·
Filing Under (Check box(es)		☐ Rule 506 ☐ Section 4(6)	O ULOE
Type of Filing A New Fi	•	•	-
	A. BASIC IDENTIFICA	TION DATA	
1 Enter the information req			
Name of Issuer (check WORLD MARKETIN	if this is an amendment and name has change IGINC, F/K/A WEBMARK	KETING-INC	ar N
Address of Executive Offices 543 Beolford	Ave, Suite 176, Bkhin, NY 11211	800-6	203029
Address of Principal Busines (if different from Executive 6	s Operations (Number and Street, City, State Offices)	, Zip Code) Telephone Numb	er (Including Area Code)
Brief Description of Business			~~
R	eal Estate		13 PROCESSE
Type of Business Organizatio	• • • • • • • • • • • • • • • • • • •		Jul 211 2000
corporation	☐ limited partnership, already formed	other (please s	
D business trust ,	limited partnership, to be formed	O other (prease a)	// / NA 44
	Incorporation or Organization Month O 3 or Organization (Enter two-feiter U S Post	••••••	FINANCIAL Stimated
	CN for Canada, FN for ot	her foreign jurisdiction)	DE
et seq or 15 U S C 77d(6) When To File A notice must the U S Securities and Excha	king an offering of securities in reliance on an object the first single Commission (SEC) on the earlier of the the date on which it is due, on the date it was m	ale of securities in the offering date it is received by the SEC :	A notice is deemed filed with at the address given below or,
•	and Exchange Commission, 450 Fifth Street		
Copies Required Five (5) copie	es of this notice must be filed with the SEC, or I the manually signed copy or bear typed or	ne of which must be manually sig	
Information Required. A new ing, any changes thereto, the in	filing must contain all information requested a nformation requested in Part C, and any mate sendix need not be filed with the SEC	Amendments need only report th	e name of the issuer and offer- on previously supplied in Paris
filing Fee. There is no federa			
itate:	-		
This notice shall be used to in	dicate reliance on the Uniform Limited Offe	ring Exemption (ULOE) for said	es of securities in those states

that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law The Appendix to the notice constitutes a part of this notice and must be completed

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMR control number

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		711 DISCUSSION AND AND AND AND AND AND AND AND AND AN			
2. Enter the information req	uested for the	following:			
• Each promoter of the	issuer, if the i	ssuer has been organized	within the past five yea	irs;	
 Each beneficial owner securities of the issuer; 		wer to vote or dispose, o	r direct the vote or dispo	sition of, 10%	or more of a class of equi
Each executive officer a	ind director of	corporate issuers and of	corporate general and m	anaging partner	s of partnership issuers; a
Each general and mana	iging partner	of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	₩ Beneficial Owner	₩ Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if ${\cal R}$ (TACOB			
Business or Residence Address 54:	3 Beo	and Street, City, State, Z FORD AV SUL	iip Code) TE 176 BROG	OKLYN N	1.4.11211
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	Individual)	TAUB FR	rimet		
Business or Residence Address 543	Number 1 Bec	ind Street, City, State, Z FORD AV Su	ip Code) 17e 176 BR	OOKLYN	N. Y -11211
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Dire ctor	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number a	and Street, City, State, Z	(ip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	(Number s	und Street, City, State, Z	ip Codé)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
full Name (Last name first, if	individual)	,			<u> </u>
Business or Residence Address	(Number s	and Street, City, State, Z	ip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	□.General and/or Managing Partner
full Name (Last name first, if	individual)			والمنافذة	
Business or Residence Address	(Number a	and Street, City, State, Z	ip Code)		
Check Bux(es) that Apply: [□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
full Name (Last name first, if	individual)				
Business or Residence Address	(Number 8	and Street, City, State, Z	ip Code)		
711	se blank sheet	or conv and use addition	onal conies of this sheet	as necessary)	

			,	B, I	NFORMA	TION AB	OUT OFF	ERING					
1. Has	the issuer	sold, or d	oes the iss	uer intend	to sell, to	non-accre	dited inves	stořš in thi	s offering	7		Yes ∑	Nο
			An	swer also	in Append	ix, Colum	n 2, if filir	ng under t	JLOE.				
2. Wha	t is the mi	nimum ins	estment tl	nat will be	accepted	from any	individual?	·	<i></i>			. s <u>#</u>	100
						·						Yes	No
3. Does	the offeri	ng permit	joint own	ership of a	single un	it?		• • • • • • • • • •	• • • • • • • • •			. 🕱	
sion to be list t	r the inforr or similar r t listed is a he name o ealer, you	emunerati n associate f the broke	on for solic ed person c er or deale	citation of or agent of r. If more	purchasers a broker than five	in connector dealer r (5) persons	tion with si egistered w to be liste	ales of secu with the SE ed are asso	rities in th C and/or	e offering. with a stat	If a perso	n s.	
Full Name	e (Last nar	ne first, if	individua	1)			-		-				
Business o	or Residence	e Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)						
Name of .	Associated	Broker or	Dealer	-,-,					<u> </u>				
States in 1	Which Pers	on Listed	Has Solic	ited or Int	ends to Sc	olicit Purch	nasers				· ·		
(Check	"All State	s" or chec	k individu	al States)	, ,,,,,,,,,,,						,	□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID	1
[IL]	(IN)	[[A]	(KS)	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	(MN)	[MS]	(MO	
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	(OK)	(OR)	{PA	-
[RI]	[SC]	[SD]	[NT]	[TX]	(UT)	[VT]	[AY]	[WA]	[WV]	[W1]	[WY]	(PR	}
	c (Last nar or Residence			· .	, City, Sta	ate, Zip Co	ode)	·	· · · · ·			<u>-</u>	•
Name of .	Associated	Broker ar	Dealer					 				–	
r													
States in	Which Per	on Listed	Has Solic	ited or Int	ends to So	olicit Purch	nasers						
	"All State											□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	{CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(10	
(IL)	(IN)	[IA]	[KS]	[KY]	(LA)	•	[MD]	[MA]	(MI)	[MN]	[MS]	[MC	
	[NE]		(NH)			[NY]		[ND]	(OH)	(OK)	[OR]	•	•
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR	
Full Name	e (Last nar	ne first, if	individua	1)	····	 							
Business o	or Residence	e Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)						
					<u>-</u>				···				
Name of	Associated	Broker or	Dealer										
States in	Which Per	son Listed	Has Solic	ited or Int	ends to So	olicit Purcl	nasers			<u>.</u>	· ··· · · · ·		
(Check	"All State	s" or chec	k individu	ial States)								□ Ali	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	- [ID	1
{ IL }	[IN]	[[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[ML]	[MN]	[MS]	(MO	-
[MT]	[NE]	[NV]	[HH]	[NJ]	[MM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA	
(01)	(501	1501	LTNI	(TV)	CHITI	1771	[VA]	(WA)	(WVI	IWII	(WV)	IPR	1

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Type of Security Sold Debt 5 300 non Equity ☑ Common □ Preferred Partnership Interests \$____ Other (Specify . _) **5**_ 300.*0*00 Total Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 20.000 Non-accredited Investors..... ,0-000 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 26.000 Common to Rule 504 20000 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 1000 Transfer Agent's Fees..... 50 Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)..... 500 Other Expenses (identify)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total....

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE	OF PROCEED)5	
	b Enter the difference between the aggregate offering price given in response to Part C-tion 1 and total expenses furnished in response to Part C- Question 4.a. This difference "adjusted gross proceeds to the issuer."	Ques- is the		s_	
	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnestimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4 bits adjusted gross proceeds.	ush an Lequal			
			Officers, Directors, & Affiliates	P	aynients To Others
	Salaries and fees	D 3.		□ s	<u> </u>
	Purchase of real estate	O \$.		□ s_	<u>.</u>
	Purchase, rental or leasing and installation of machinery and equipment	□ S.		□ s	
	Construction or leasing of plant buildings and facilities	□ \$.		O 5_	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ s .		□ s	
	Repayment of indebtedness	D 5.		D 5_	
	Working capital	□ \$.		್ s	
	Other (specify):	. 🗆 S.		□ s	
		□ \$.		□ s	
	Column Totals	□ s .		□ s_	
	Total Payments Listed (column totals added)		口 s		•
	D. FEDERAL SIGNATURE			 	
ollo	issuer has duly caused this notice to be signed by the undersigned duly authorized person wing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities at of its staff, the information furnished by the issuer to any non-accredited investor pur	nd Exc	hange Commis	sion, upo	n written re-
suc	er (Print or Type) Signature , 20 1/1		Date		
Ú	JURIO MARKETING INC Jacob Roth		6	22/0	6
	te of Signer (Print or Type) Title of Signer (Print or Type)				······································
•	Jacob Roth President				

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	SIG		

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions Yes No of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature / /	Date
WORLD MARKETINGING	Jacob Colf	6/28/62
Name (Print or Type)_	Title (Print or Type)	
JACOB ROTH	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.